A Comparison of the Coping Styles Used by Parents and Their Adolescent Children

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This aim of this study was to compare the coping styles of adolescent males and females with the coping styles of their fathers and mothers respectively, extending on previous research by Lade, Frydenberg and Poole (1998) that compared the coping styles of older adolescent females with their mothers. To date, there has been a lack of clarity about how coping skills are acquired and this study helps to bridge a gap in the literature by directly comparing coping styles of parents with their children. Year 7 ($n = 4$; M age = 12) and Year 11 ($n = 16$; M age = 16) students, as well as their parent of the same gender, completed the Adolescent Coping Scale. Paired t tests and correlations revealed that adolescent children do not simply imitate the coping strategies used by their parents. Predictable age and gender-related differences were found between the parent and child groups, indicating that intra-individual and developmental factors may be a better determinant of adolescent coping than parent behaviour.

■ **Keywords:** coping, parents, adolescents

While many researchers have recognised the importance of considering social influences on coping development, surprisingly few studies have directly compared the coping styles of adolescents with their parents. While research generally emphasises the impact of peer influences during adolescence (Harris, 1998), the impact of parent–child relationships on adolescent wellbeing is overlooked because adolescence is typically regarded as a time when children distance themselves from their parents. This remains a key question in the area of coping research: are young people more likely to employ the coping strategies used by their parents or by their peers? While it is recognised that the development and acquisition of coping skills is complicated and may be attributed to the interplay of multiple factors, gaining some understanding of how young people learn to cope when faced with stressful encounters is important. This article will briefly review previous research in the area of coping skills development, highlighting some of the gaps in the literature. The aim of this study was to determine the extent to which young people adopt the coping strategies used by their parents and whether adolescent coping styles are better predicted by factors such as sex, age or developmental stage.

For a review of coping theory and research see the article 'Coping and Development: An Index of Resilience' in this issue. In an earlier study that compared the coping styles of mothers and their adolescent daughters, Lade, Frydenberg and Poole (1998) asked participants to complete the Adolescent Coping Scale (Frydenberg & Lewis, 1993a). The strategies identified by this instrument are reported in Table 1. Interestingly, they found little support for the notion that daughters would adopt their mothers' coping styles. The authors found that mothers were more likely to: Seek Professional Help, Work Hard to Solve the Problem, and Focus on the Positive. In contrast, daughters were more likely to use avoidance coping: Tension-Reduction and Relaxation strategies, Physical Recreation, Wishful Thinking and Ignoring the Problem. One significant positive correlation was found for Seeking Spiritual Support, which the authors attributed to the fact that the minority of families practice this coping strategy, and adolescent girls are unlikely to seek spiritual support unless there is a family tradition of doing so (Lade et al., 1998).

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Based on the limited research to date, it would appear that age seems to be a better predictor of the coping behaviours used by adolescents than parent coping styles.

The development of coping skills appears to be a complex interplay of many factors including sex, age, temperament and the influence of social contexts (culture, family, parent–child relationship). To date, there has been limited research directly comparing parent coping with child or adolescent coping. Several questions relating to the development of coping skills still remain unanswered: To what extent do adolescents adopt their parents' coping styles? Do older adolescents have more or less similar coping styles to their parents than younger adolescents? Are girls or boys more likely to adopt their parents' coping style? Tentative answers to these questions could contribute to the research in the area of adolescent coping. Research that examines the coping styles of students in Year 7 and Year 11 is fitting, given that these groups of students are facing challenging situations that require adaptation.

Consistent with the findings of previous studies (e.g., Blanchard-Fields, Sulsky, & Robinson-Whelan,1991; Bowles & Fallon, 2006), it is expected that age differences between parents and adolescents will predict a tendency for parents to rely more on solution-focused coping strategies, and adolescents more likely to report not coping as a strategy. Likewise, there will be predictable gender differences, with girls most likely relying on social support more than boys. As with Lade et al. (1998), it can reasonably be expected that there will be a significant correlation between parent–child use of spiritual support, given that only a minority of people rely on this coping strategy (Frydenberg & Lewis, 1999). It is more difficult to make predictions about the extent to which adolescents will adopt other coping strategies. On the one hand, we have established that the role of the family, particularly parents, has a powerful impact on child and adolescent behaviour. This would suggest that parent and adolescent coping would be similar. On the other hand, adolescence is a transition time where teens are trying to assert themselves as individuals and develop a separate identity from their parents, suggesting that they may employ different coping strategies in an effort to achieve independence. Either way, the results of this study have implications for educators, psychologists, and other health care professionals, especially when developing interventions to promote the use of effective coping styles in adolescents.

Method

Participants

In order to replicate the Lade et al. (1998) study, with the inclusion of fathers, several suburban Melbourne schools were approached to participate following approval from the Human Research Ethics Committee of the University of Melbourne, and two agreed to do so. One was a public secondary school in the eastern suburbs; the other a private secondary college in the western suburbs. Both schools consist mainly of Anglo-Australian students and, to a lesser extent, European-Australian students. Students and their parents were invited to participate, and consent forms were received for 36 students. No distinction was made between separated and intact families or families with adopted or foster children.

Students ($n = 20$, 35% male) from Year 7 ($n = 4$, M age = 12 years 11 months) and Year 11 ($n = 16$, M age = 16 years 9 months) participated in the study. In addition, one parent of each student participant took part. As it has been established that there are gender differences in coping behaviour (Frydenberg & Lewis, 1993a, 1999), the parent who was the same gender as the child participated in this study (i.e., mothers and daughters, fathers and sons). Of the original 33 students who completed the questionnaire for this study, corresponding parent questionnaires were received from 20 students. Only the responses of students whose parent also participated were included in this study.

Instruments

Student participants completed the Adolescent Coping Scale (ACS), which is an instrument designed to identify respondents' preferred coping styles (Frydenberg & Lewis, 1993b). The scale consists of 79 items that each describe a specific coping response, and the participant indicates whether this response is used *A great deal*, *Often*, *Sometimes*, *Very little*, or *Doesn't apply at all*, by answering 5, 4, 3, 2, or 1 respectively. There is also an 80th item, allowing participants to list any other ways they cope.

These items are used to comprise 18 scales that describe different coping styles, described in Table 1. Each of these 18 scales can be expressed as a score out of 100, which allows for easy comparison between scales, and between participants. All scales are reliable with a median Cronbach's alpha figure of .70. The stability of responses, as measured by test–retest reliability coefficients range between .44 to .81 reflecting the dynamic nature of coping (Frydenberg et al., 2004).

Through factor analysis, these 18 scales can be combined to produce three independent, broad coping styles. These coping styles are:

- Solving the problem (comprised of Seek Social Support, Focus on Solving the Problem, Physical Recreation, Seek Relaxing Diversions, Invest in Close Friends, Seek to Belong, Work Hard and Achieve, and Focus On The Positive).

- Reference to others, which comprises coping strategies that are characterised by turning to others (Seek Social Support, Seek Spiritual Support, Seek Professional Help, and Social Action).

TABLE 1

The 18 Conceptual Areas of Coping

Scale	Description
1. Seek Social Support	Sharing the problem with others; enlisting their support, encouragement and advice (e.g., Talk to others and give each other support).
2. Focus on Solving the Problem	Tackling the problem systematically by thinking about it and taking other points of view into account (e.g., Think of different ways of dealing with the problem).
3. Work Hard and Achieve	Being conscientious about (school) work; working hard, and achieving high standards (e.g., Achieve well in what I'm doing).
4. Worry	Worrying about the future in general and personal happiness in particular (e.g., Worry about what will happen to me).
5. Invest in Close Friends	Spending time being with close friends and making new friendships (e.g., Spend more time with boy/girl friend).
6. Seek to Belong	Being concerned with what others think and doing things to gain their approval (e.g., Make a good impression on others who matter to me).
7. Wishful Thinking	Hoping for the best, that things will sort themselves out, that a miracle will happen (e.g., Daydream about how things will turn out well).
8. Not Coping	Not doing anything about the problem, giving up, feeling ill (e.g., There is nothing I can do about the problem so I don't do anything).
9. Tension Reduction	Trying to feel better by letting off steam, taking frustrations out on others, crying, screaming, taking alcohol, cigarettes or drugs (e.g., Make myself feel better by taking alcohol cigarettes, or other drugs).
10. Social Action	Enlisting support by organising group action to deal with concerns, and attending meetings and rallies (e.g., Organise an action or petition regarding my concern).
11. Ignore the Problem	Consciously blocking out the problem, pretending it doesn't exist (e.g., Shut myself off from the problem so I can avoid it).
12. Self-Blame	Being hard on oneself, seeing oneself as being responsible for the problem (e.g., Realize that I make things difficult for myself).
13. Keep to Self	Keeping concerns and feelings to oneself, avoiding other people (e.g., Keep others from knowing what's worrying me).
14. Seek Spiritual Support	Praying for help and guidance, reading a holy book (e.g., Let God take care of my worries).
15. Focus on the Positive	Looking on the bright side of things, reminding oneself that there are others who are worse off, trying to stay cheerful (e.g., Be happy with the way things are).
16. Seek Professional Help	Discussing the problem with a professionally qualified person (e.g., Get professional help or counselling).
17. Seek Relaxing Diversions	Taking one's mind off the problem by finding ways to relax such as reading a book, watching television, going out and having a good time (e.g., Make time for leisure activities).
18. Physical Recreation	Playing sport and keeping fit (e.g., Go for a work-out at the gym).

Note: (Frydenberg & Lewis, 1993a).

- Nonproductive coping, which is characterised by avoidance strategies and an inability to cope (Frydenberg & Lewis, 1993b). It is comprised of eight scales (Worry, Seek to Belong, Wishful Thinking, Not Cope, Ignore the Problem, Tension Reduction, Keep to Self, and Self-Blame).

The Coping Scale for Adults (Frydenberg & Lewis, 1997) yields 19 scales, which make parent–child comparisons difficult. Therefore, parent participants completed a modified version of the ACS. It retained the same format and scoring of the original ACS, but some items were modified so the wording would be more appropriate for adults. For example, items such as Attend school regularly and Spend more time with boy/girl friend were changed to Attend work regularly and Spend more time with husband/wife/boy/girl friend respectively.

Procedure

After school staff had been briefed by researchers on the administration of the ACS. Student participants completed the ACS during class time under the supervision of a teacher. They also provided some basic demographic information (year level, sex, date of birth, and name of school). The administration of the scale differed between the two participating schools to accommodate the schools' needs. In the first school, students and parents completed the questionnaire in hard copy with a pen and paper. As participants did not provide their name, they were allocated a participant number. Upon completion of the scale, students were given an envelope containing the parent scale with a corresponding number, and written instructions for parent participants. Students were instructed to give the questionnaire to their parent who was the same gender. Parent scales were returned in sealed envelopes to the school 1 to 2 weeks later by the students.

The second school preferred students and parents to complete an online version of the ACS. The questions and format were the same as the hard copy and each participant was given a code to protect their privacy. All responses were password-protected and accessible only to the researchers. In order to match student and parent responses, students were asked to provide their date of birth, and parents provided their child's date of birth. There were no instances where more than one student had the same date of birth. Students completed the online version on school computers under teacher supervision. The school then emailed parents a link to access the survey from home, which included instructions.

Results

Overall Comparisons of Parent and Child Coping

The overall mean scores on coping for parents and children are presented in Figure 1. The data suggest that the coping strategies of parents and children follow the same general pattern; however, some significant overall differences between the coping strategies used by parents and their adolescent children are evident. The adolescents in this sample reported that they are significantly more likely to Worry, $t(19) = 2.52$, $p < .05$, and Ignore the Problem, $t(19) = 2.24$, $p < .05$, than their parents. They also reported a lower ability to deal with problems and develop psychosomatic symptoms than their parents, as indicated by the use of Not Cope, $t(19) = 2.99$, $p < .01$.

Consistent with previous research about age-related coping differences (e.g., Frydenberg & Lewis, 2000), adolescents in this sample reported a greater use of Seek To Belong, $t(19) = 3.31$, $p < .01$ and Seek Relaxing Diversions than their parents, $t(19) = 2.80$, $p < .05$. The strongest difference was the adolescents' reported use of Wishful Thinking, which was significantly greater than their parents, $t(19) = 3.76$, $p < .001$). The analyses revealed three statistically significant positive correlations between parents and children. Significant correlations were found for Wishful Thinking, $r = .55$, $p < .05$, Seek Spiritual Support, $r = .54$, $p < .05$, and the strongest relationship was for Seek Professional Help, $r = .66$, $p < .01$.

Differences between Fathers and Sons, and Mothers and Daughters

As there have been well-documented gender differences in coping behaviour (e.g., Frydenberg & Lewis, 1993a, 1999), separate analyses were conducted for males and females, in order to examine the mean differences for fathers and sons, and mothers and daughters. There were some statistically significant results for fathers and sons despite the small sample size. Consistent with the overall parent–child sample, compared to their fathers, sons were more likely to use Worry, $t(6) = 2.68$, $p < .05$, Not Cope, $t(6) = 5.33$, $p < .01$, and use Wishful Thinking strategies, $t(6) = 3.16$, $p < .05$. Sons also reported being significantly less likely to Focus On The Positive than their fathers, $t(6) = -3.50$, $p < .01$, although there was no significant difference in the overall parent sample. Of the 18 coping scales, there is only one statistically significant correlation between fathers and sons, which is a positive correlation for Wishful Thinking, $r = .90$, $p < .01$.

Similarly, there were some significant differences in the coping styles of mothers and daughters. Like fathers and sons, daughters reported being more likely to use Wishful Thinking strategies than their mothers $t(12) = 2.76$, $p < .05$. Daughters also reported wanting to gain approval and being concerned with what others think more than their mothers, which is reflected in their significantly higher score on Seek To Belong, $t(12) = 2.58$, $p < .05$. Of particular interest is the daughters' higher score on Focus On The Positive, $t(12) = 2.48$, $p < .05$, even though sons were significantly less likely to use this strategy than their fathers. The strongest difference was for Seek Relaxing Diversions, $t(12) = 4.19$, $p < .001$, indicating that daughters were more likely than their mothers to take their mind off the problem by reading a book, watching television or going out to have a good time. Significant positive correlations between mothers and daughters for Seek Spiritual Support, $r = .61$, $p < .05$, and Seek Professional Help, $r = .77$, $p < .01$, were observed.
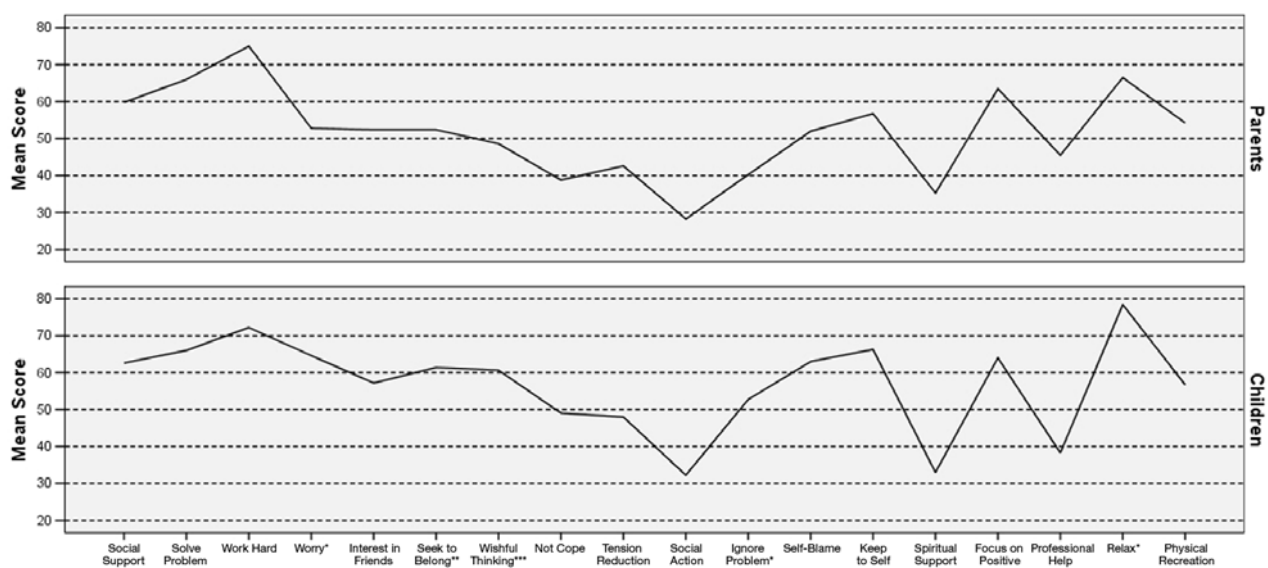

FIGURE 1
Mean scores for parents and children on coping.

Differences Between Males and Females

An ANOVA was conducted to examine the mean differences between parents and children for males and females, where the difference score was calculated by subtracting the parent score from the child score. Thus, a positive value indicates that the coping scale is used more by children than parents, a negative value indicates that parents use this scale more than their children, and a value approaching zero means there is little difference between parent and child scores (refer to Figure 2 for a graphical representation of the mean differences between parents and children for males and females).

Each of the difference scores for the 18 coping scales were regarded as dependent variables, and sex was the independent variable. As the sample size was small, year-level differences were not analysed.

Of the 18 coping scales, there were three statistically significant differences between males and females. Notably, there was a strong difference on the Focus On The Positive scale, with male students using this coping strategy much less than their fathers, and female students using the strategy more than their mothers, $F(1,18) = 17.98$, $p < .001$. Figure 3 shows the mean scores used by fathers and sons, and mothers and daughters on this scale. In addition, male students were less likely to use Focus On Solving The Problem strategies than their fathers when compared with daughters and mothers, $F(1, 18) = 4.62$, $p < .05$, and female students were more likely to Seek Relaxing Diversions than their mothers, compared with fathers and sons where there is no significant difference $F(1, 18) = 7.82$, $p < .05$. Refer to Figure 4 and Figure 5 to see the mean scores for fathers and sons, and mothers and daughters on these scales.

Discussion

The findings of this study indicate that adolescent children tend not to adopt the coping styles used by their parents, consistent with the findings of Lade et al. (1998), who used an older adolescent female population. If adolescents were influenced by the coping responses used by their parents, we would expect to see strong positive correlations on most of the scales, which is not the case. Nonetheless, the results present some interesting trends that warrant discussion.

The graph presented in Figure 1 suggests that the coping profiles of parents and children follow the same general pattern, but the data revealed overall weak correlations. Scales such as Work Hard And Achieve, Focus On The Positive and Seek Relaxing Diversions were ranked higher than other scales for both parents and children. Because these three scales are all classified as productive coping (Frydenberg & Lewis, 1993b), it is possible that participants considered these responses to be desirable and socially acceptable and therefore ranked them higher than other scales. On the other hand, Social Action, Seek Spiritual Support and Seek Professional Help are ranked lower than the other scales. These particular Reference To Others coping behaviours are generally used by a minority of people, especially in an Australian culture that values autonomy and self-sufficiency (Mackay, 2010). In light of these considerations, it is not surprising that this sample of parents and children appear to have congruent mean coping profiles, even though this is not indicative of correlations between them.

Similarities Between Parent and Child Coping Responses

There were only a few notable correlations observed in the data. There was a positive correlation between fathers and
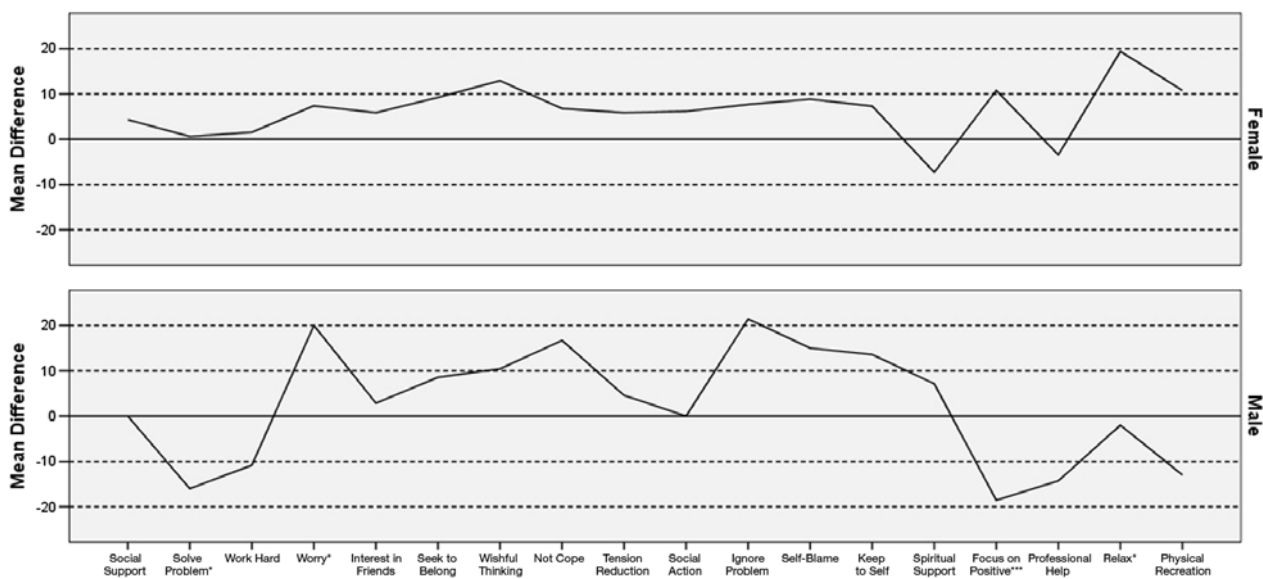
FIGURE 2
Mean differences between child and parent scores (child score minus parent score) for mothers and daughters and fathers and sons.
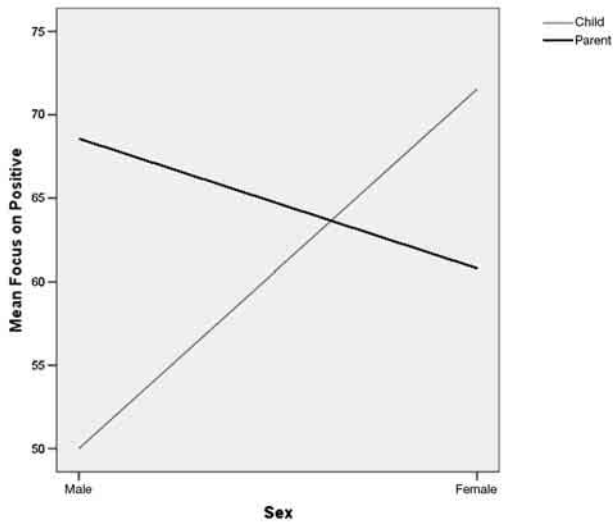
FIGURE 3

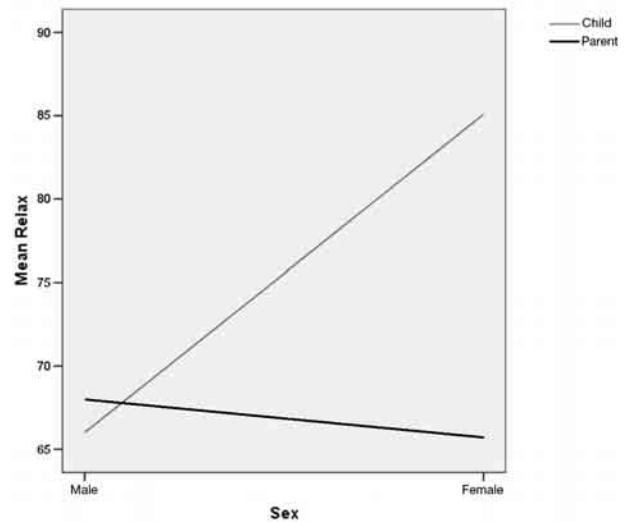Mean values of focus on the positive scores for fathers and sons and mothers and daughters.

FIGURE 5

Mean values of Seek Relaxing Diversions scores for fathers and sons and mothers and daughters.
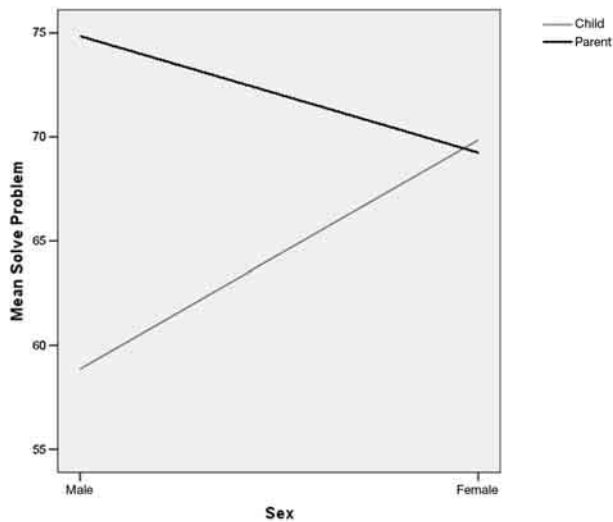

FIGURE 4

Mean values of focus on Solving the Problem scores for fathers and sons and mothers and daughters.

their adolescent sons on Wishful Thinking, a nonproductive coping strategy characterised by daydreaming and hoping for the best. Fathers who use this type of avoidant behaviour in response to problems may be perceived by their sons as withdrawn and passive, and this could be related to more distant father–son relationships. As Zimmer-Gembeck and Locke (2007) found, adolescents who had a positive and engaging relationship with their parents were less likely to employ avoidant strategies such as Wishful Thinking and more likely to use productive, solution-focused coping responses. Furthermore, Videon (2005) argues that while both mothers and fathers are important; it is the influence of fathers that has the greater

impact on the psychological wellbeing of their adolescent children. It is possible that fathers who readily engage in Wishful Thinking are more solitary, and not as likely to actively engage with their sons, thus affecting the quality of the parent–child relationship. There was no significant correlation for mothers and daughters on this scale.

Interestingly though, mothers and daughters were positively correlated on the scales Seek Professional Help and Seek Spiritual Support. As Lade et al. (1998) emphasised, the use of spiritual support as a coping response is used in a minority of families in some cultural contexts and more in others. It can be expected that parents who use spiritual support will maintain the family tradition by encouraging their children to do the same. On the other hand, adolescent children are unlikely to seek out spiritual support for themselves if their parents have not modelled this behaviour for them. Likewise, seeking professional help from counsellors is a relatively unpopular choice of coping strategy, but it is possible that those parents who find professional counselling helpful may openly encourage their adolescent children to cope in a similar way. Frydenberg and Lewis (1993a) found Anglo-Australian students were less likely to Seek Professional Help or Spiritual Support than Asian-Australian or European-Australian students, so the current findings are a likely reflection of general cultural trends that de-emphasise the use of these coping strategies.

Differences of Coping Styles Between Fathers and Sons

Despite these few correlations, there were more differences than similarities noted between the coping styles of parents and their adolescent children. Sons were more likely than their fathers to engage in nonproductive coping strategies such as Worry, Wishful Thinking and Not Cope; and less likely to use the productive Focus On The Positive strategy.

While these results for male participants may initially seem concerning, they lend support to the notion that adolescents may be experiencing a lot of new and unfamiliar life events and therefore find it more difficult than adults to cope with problems (Bowles & Fallon, 2006). The student participants in this study were in Year 7 and Year 11, which are both years of school transition that can be a particularly unsettling period for adolescents. This destabilising time may give adolescent males the sense that they are not coping as well as they should. As Focus On The Positive can be seen as a socially acceptable response to have when faced with a problem, the fact that adolescent male students were significantly less likely than their fathers to use this strategy when faced with a problem could be a reflection of teenage rebellion or a desire to assert one's individuality and move away from social norms. However, it must be noted that these results for fathers and sons must be interpreted tentatively, as it is a small sample size.

Differences of Coping Styles Between Mothers and Daughters

Consistent with previous research about age and gender coping differences (e.g., Frydenberg & Lewis, 2000), the female students in this sample were more likely than their mothers to use Seek To Belong; reflecting a desire to fit in with other people and receive approval from others, rather than a rebellion against the coping behaviour modelled by mothers. Typical of teenage girls, being socially accepted is important and it comes as no surprise that female students reported using this coping strategy more than their mothers who are probably at a stage in life where they feel more settled and comfortable with themselves and do not have a strong need to receive widespread approval from others.

In contrast to male students who were significantly less likely than their fathers to use Focus On The Positive strategies, female students reported using this strategy more than their mothers. While it is encouraging to see that adolescent girls were apparently employing this productive coping strategy, it is also possible that their greater need to belong has caused female participants to give the most socially desirable answer when completing the ACS. If this was the case, the trend for male students to rebel against the social norms as modelled by parents, and female students to adhere to them, is an interesting one that warrants further investigation.

The adolescent girls in this sample reported using Seek Relaxing Diversions significantly more than their mothers. It is not surprising that adolescents would seek out relaxing leisure activities, especially given the abundance of electronic entertainment such as video games and MP3 players that are readily available to teenagers in the 21st century. However, it is surprising that this trend was not observed for fathers and sons (in fact sons reported seeking relaxing diversions less than their fathers); especially as Frydenberg and Lewis (2000) found that male adolescents were significantly more likely to employ this

strategy compared with female adolescents. Given only seven males took part in the present study, and approximately 800 students were originally invited to participate, it cannot be assumed that these students are representative of the wider sample. The overall gender differences in parent–child coping styles are interesting and suggest that male students may rebel against the social norms and expectations modelled by their fathers. In contrast, female students' responses on the ACS indicated a tendency to adhere to social norms and do not appear to imitate the coping styles used by their mothers.

Although it has been well established in the review of the literature that parents play an instrumental role in the acquisition and development of child coping behaviour, the extent to which adolescents adopt parent coping styles has been unclear. This study supports the findings of Lade et al. (1998) and Shulman, Carlton-Ford, Levian and Hed (1995), which suggest that adolescents generally do not imitate the coping behaviours modelled by their parents. It is unsurprising that parent–child correlations for Seek Spiritual Support and Seek Professional Help were weak given that these coping strategies were rarely used and only tend to be used when there is a family tradition of doing so. Most coping scales did not yield significant positive or negative correlations between parent–child responses, indicating neither an imitation of parent coping behaviour, nor a rebellion against parent examples.

Despite this lack of clear relationship between parent and child coping, the results presented in this study have implications for the social, cultural and educational processes that help adolescents transition. Indeed, one of the tasks of adolescence is to develop one's own identity and sense of autonomy. Adolescence is a time when new resources become accessible to young people and they are able to make more choices about the ways in which they cope. This new freedom allows young people to make mistakes and experiment with different ways of coping other than those modelled by parents. This does not imply that parents have no influence over the coping behaviour of their children; to the contrary, previous research emphasises that the quality of the parent–child relationship during adolescence affects coping behaviour (e.g., Zimmer-Gembeck & Locke, 2007). The current results, however, indicated that age or developmental stage, rather than parent coping styles, is a better predictor of adolescent coping behaviours.

Limitations and Future Research

There are some limitations to this research. The small sample size means that these findings are indicative only and warrant further clarification and replication. This study relies on cross-sectional, correlational data, and therefore causal links between parental and child behaviours cannot be assumed. Longitudinal coping studies of parent–child dyads could provide further insight into the dynamic nature of children's coping patterns, and whether children do

eventually adopt parental coping styles as they move to adulthood. In addition, this research also did not take into account other important variables, such as parent–child attachment or the quality of the relationship. Further studies incorporating relationship variables are warranted to better understand how such variables impact on the likelihood that adolescents will adopt parent coping behaviours.

Conclusion

It is already well established that coping development is multifaceted and due to the interplay of countless factors. With this in mind, this study aimed to examine the extent to which adolescents adopt the coping behaviour used by their parents, or whether factors such as age or gender are better predictors of coping style during adolescence. The coping literature to date has largely neglected to make comparisons between parent and child coping styles, and instead focused on intra-individual factors rather than the social context of coping. It was found that there are generally few correlations between the coping styles used by parents and their adolescent children, and adolescents instead use coping behaviours that are better predicted by age. Interestingly though, it appears that adolescent males are more likely to rebel against the social norms modelled by their fathers; while adolescent females seem to maintain these social expectations even though they do not simply imitate their mothers. In light of the results that adolescent coping is not simply a mirror image of parent behaviour, it follows that adolescent coping styles may be malleable, lending support to the potential benefits of teaching coping skills.

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